

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         | 1.5/10/1 |        | 1.9-23-01 |
| O.I.P.E. CLASSIFIER       |          |        |           |
| FORMALITY REVIEW          | 2.4      | 1085   | 12-29-01  |
| RESPONSE FORMALITY REVIEW |          |        |           |

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 - \_\_\_\_\_ Allowed  
 - (Through numeral) \_\_\_\_\_ Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

| Claim | Date   |
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If more than 150 claims or 10 actions  
staple additional sheet here

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